Transportation Planning Capacity Building Program

‒   **Peer Roundtables Report –**

"Effective Practices in Human Services Transportation Coordination"

Roundtable One:	American Public Transportation Association (APTA) 2009 Bus and Paratransit Conference
Location:	Seattle, Washington
Date:	May 5, 2009
Host:	Community Transportation Association of America (CTAA)
Participants:	Miami Valley Regional Planning Commission (MVRPC)
	Maricopa Association of Governments (MAG)
	U.S. Department of Transportation (DOT), Volpe National Transportation Systems Center (Volpe Center)

Roundtable Two:	Community Transportation Association of America (CTAA) Expo 2009
Location:	Providence, Rhode Island
Date:	June 4, 2009
Host:	Community Transportation Association of America (CTAA)
Participants:	Santee-Lynches Regional Council of Governments (SLRCOG)
	Two Rivers-Ottauquechee Regional Commission (TRORC)
	Western Piedmont Council of Governments (WPCOG)
	U.S. Department of Transportation (DOT), Volpe National Transportation Systems Center (Volpe Center)

Table of Contents

I. Background on Human Service Transportation (HST)

Access to transportation that connects people with home, work, goods, and services is a right many Americans take for granted. But tens of millions of Americans are unable to reach jobs, shopping destinations, medical appointments, and home each day because they are unable to drive, lack access to a car, are unable to use public transportation, or live in an area without adequate access to transit service. Three communities of people are particularly impacted by these mobility challenges: the elderly, people with physical or cognitive disabilities, and the economically disadvantaged. For people in these communities, Human Services Transportation (HST) provides an affordable mobility alternative to car travel and fixed-route transit.

HST is a form of public transportation, but it differs substantially from traditional public transit. Traditional transit service is characterized by a large, single public agency operating a regional fixed-route, hub-and-spoke system designed to serve the largest possible need (i.e., suburban to urban commutes). HST, on the other hand, is characterized by multiple small transportation providers (e.g., pooled vans, small buses/shuttles, taxicabs, ambulances, etc.) working in smaller, more specialized geographies to meet the unique needs of human service agency clients for whom public transit and auto travel are not a viable option (e.g., rural senior residents attending doctors' visits at the regional hospital or unemployed inner-city residents accessing suburban job programs). In communities where little or no public transportation exists, HST is sometimes the only transportation available for people who are unable to drive or who cannot afford to drive.

Human service agencies (e.g., senior care facilities, welfare to work programs, medical and mental health clinics) recognize that many of their clients have special mobility needs that constrain their ability to access benefits and services. Such agencies vary in the extent to which they are involved in transportation themselves. Some human service providers are direct HST providers as well (e.g., a senior center that purchases and operates its own shuttle van to help residents access medical appointments and social activities). Others contract with for-profit or not-for-profit carriers specializing in HST to provide their clients with transportation access to their services (e.g., a dialysis clinic that hires a local HST company to help patients meet regular appointments).

Officials expect the need for HST to increase dramatically in coming years for several reasons:
- Baby boomers are retiring and aging in place. Many live in areas not served by fixed-route transit. Others continue to drive until they are physically unable and have little experience with transit systems.
- Attendance of senior centers has declined over the past 10 years and instead of "grouped trips" to local senior centers, seniors more often use the service for individual medical and longer distance trips.
- The healthcare industry has expanded the use of managed care programs to offer consumers a greater choice of medical providers. Rather than seeing the closest medical provider, a consumer may be referred and need transportation to a provider 50 to 100 miles away.
- The healthcare industry has increasingly emphasized outpatient treatment, reducing overall healthcare/patient costs and increasing the number of trips for diagnosis, pre-testing, procedures, and follow-up care.
- The healthcare industry has moved toward consolidating practices, and services previously available in many locations are now in one location, necessitating some individuals to travel between counties to access those services.
- Government programs such as Welfare to Work and Shared Ride for Persons with Disabilities have created additional demand for individualized HST service; and unemployment, underemployment, loss of retirement savings, and stagnant wages cause

increases in the number of people who require state funded services and use HST to reach them.[1]

Similar to other demand-response services, such as paratransit, HST is a costly service for both public and private carriers to provide. Most HST providers do not have guaranteed funding streams, and funding constrains the safety, reliability, frequency, and affordability of service for users. Given the high costs of HST provision, it is especially important to invest in developing improved mechanisms to meet the expected rise in HST demand. One promising strategy is to coordinate, and in some cases, consolidate HST planning, service, operations, maintenance, or administration to achieve cost savings and improve customer service. Better coordination could improve the safety, reliability, convenience, and comfort of HST for users while increasing the efficiency and effectiveness of service-delivery for providers. Effective coordination is no small task, however, given the unique and disparate needs of HST clients combined with the organizational and funding complexities of HST provision.

To support more and better coordination of HST, the 2005 Federal surface transportation bill, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) introduced a requirement for locally-developed, coordinated public transit-HST plans (commonly called a "coordinated plan") to be prepared in areas where certain programs of FTA funding are used. The coordinated plan aims to enhance transportation access, minimize duplication of Federal services, and encourage cost-effective transportation regionwide.[2] Completion of the coordinated plan is required in order for stakeholders to be eligible for Federal Transit Administration (FTA) programs that support underserved populations:
- Elderly Individuals and Individuals with Disabilities program (Section 5310)
- The Job Access and Reverse Commute (JARC) program (Section 5316)
- The New Freedom program (section 5317)

In response to SAFETEA-LU, many regions nationwide have begun to develop and adopt coordinated plans. Though practitioners applaud the coordinated plan as a critical tool toward improved regional HST coordination, they caution that it is a first step in this process, not a panacea.

II. Goals of the Peer Roundtables

To explore practitioner experiences with HST coordination, the Community Transportation Association of America's (CTAA) National Resource Center for Human Service Transportation Coordination (NRC) organized and held two peer roundtable events to explore "Effective Practices in Human Services Transportation Coordination." The roundtable events were supported by the joint FHWA/FTA Transportation Planning Capacity Building (TPCB) Program. Attended by human service providers, HST providers, and transportation planners, the goals of the roundtable events were to:
- Exchange ideas and experiences regarding HST coordination challenges and best practices.
- Understand necessary elements for coordinating HST.
- Identify key stakeholders and learn how to best engage them in HST coordination.
- Learn about key challenges and how they have been overcome.
- Identify potential training and educational needs of HST coordination practitioners.

The first roundtable was held at the American Public Transit Association (APTA) 2009 Bus and Paratransit Conference in Seattle, Washington. The two-hour session was attended by 21 human

---

[1] Pennsylvania Department of Transportation (July 17, 2009). Human Service Transportation Coordination Study: A Summary Report.
[2] Federal Transit Administration (FTA) (May 1, 2007). "Elderly Individuals and Individuals with Disabilities Program Guidance and Application Instructions." *FTA Circular FTA C 9070.1F*.

service and transportation practitioners. Chris Zeilinger, Director of the NRC served as moderator and the two peer expert panelists were:
- Amy St. Peter, Maricopa Association of Governments (MAG), Phoenix, Arizona
- Bob Steinbach, Miami Valley Regional Planning Commission (MVRPC), Dayton, Ohio

The second roundtable was held at the CTAA Expo 2009 in Providence, Rhode Island. The three-hour session was attended by 18 human service and transportation practitioners. NRC Director Chris Zeilinger served as moderator and the three peer expert panelists were:
- O.J. Papucci, Santee Lynches Regional Council of Governments (SLRCOG), Sumter, South Carolina
- Rita Seto, Two Rivers-Ottauquechee Regional Commission (TRORC), Woodstock, Vermont
- John Tippett, Greater Hickory Metropolitan Planning Organization (MPO), Western Piedmont Council of Governments (WPCOG), Hickory, North Carolina

TPCB Program staff member, Alex Linthicum of the U.S. DOT Volpe National Transportation Systems Center (Volpe Center) attended the events to document proceedings. The following report synthesizes discussions from the two peer roundtable events on effective practices in HST coordination from around the country.

III. Key Report Findings

The peer roundtable discussions identified numerous benefits, lessons learned, challenges, tools, and educational needs for metropolitan regions to consider when coordinating HST. Key findings are summarized here and then explored in greater detail in later sections. While many factors of HST coordination will be unique to individual metropolitan areas, the key findings described in this section may be applicable to HST stakeholders nationwide.

Benefits of HST Coordination
- HST coordination has the potential to improve customer service, reduce costs, and generate interest in traditional transit.
- HST coordination may involve nontraditional partners in the transportation planning process.
- HST coordination may help to reduce spending on public health and welfare programs by improving access to medical care, jobs, and training programs.

Challenges to Effective HST Coordination
- HST stakeholders may differ drastically with respect to organizational missions and technical capabilities. Such differences create potential gaps in responsibilities, understanding, and professional networks.
- HST stakeholders serve specific customers and/or geographic areas and are highly protective of their entrenched markets.
- Financially strapped HST providers may be reluctant to contribute resources toward HST coordination efforts, especially if they fail to properly account for their own capital, operations, and maintenance costs.

Lessons Learned
- HST coordination requires the support of champions and the efforts of knowledgeable technical and policy individuals. HST coordination champions must present policymakers and the general public with cases for HST and HST coordination that resonate in their local communities.
- HST coordination requires a broad base of participating stakeholders. Stakeholders include human services agencies, HST providers, transportation planners, policymakers,

advocacy groups, and the public at large. Due to differing interests among groups, HST coordination advocates must take care to establish and nurture lasting relationships.

- HST coordination requires a deep understanding of regional history and characteristics. Investing in good data collection and analysis provides a basis for effective decisionmaking and allocation of resources.
- The coordinated plan, if developed properly, is a useful and effective tool for HST coordination. The planning process may be a key means of engaging stakeholders, fostering communication, setting goals, and allocating FTA funding resources.

Programs and Tools
- Several agencies have developed programs and tools to foster HST coordination. MVRPC in Dayton, Ohio maintains a directory of HST providers in its region and MAG in Phoenix, Arizona educates its community about HST through a Transportation Ambassador Program.

Education and Training Needs
- Human services practitioners, HST providers, transit providers, and transportation planners require a deeper understanding of each others' missions, client needs, requirements, operations, and costs.
- The role of the metropolitan planning organization (MPO) in HST coordination differs across metropolitan regions based on availability of resources, organizational philosophy and culture, and needs of the community.
- Topics for further research and exploration include the appropriate role of MPOs in HST coordination, the costs and benefits of centralized versus decentralized HST provision, and the impact of volunteer drivers on HST.

A. Benefits of HST Coordination

Peer experts and participants shared benefits that have resulted from improved coordination among human service providers in their regions.

- **Coordination improves cross-agency and cross-boundary service, reduces waiting and transit times, and increases attention to customers with special needs.** Improved customer service is a significant benefit expected from HST coordination efforts. Several peer experts recounted examples from their regions:

  o WPCOG reported an example of a dialysis clinic that draws patients from surrounding municipalities and counties. A dialysis clinic exists in one municipality and customers may live close by, but in another county or municipality. Without HST coordination, customers would have to rely on an HST provider in their own county or municipality that may not cross municipal boundaries. The driver would drive a long distance with no passengers, drive the patients to the clinic, wait, return them home, and finally return to the transit facility, again with no passengers. With regional HST coordination, patients may obtain trips from the HST provider nearest to their homes, regardless of municipal boundary. The driver would not have to wait during the patients' visits because another driver may be able to provide them with the return trip. This coordinated situation improves efficiency and increases dependability.

  o MAG recounted an instance of a customer with disabilities left in the hot sun for 3 hours, waiting for an HST connection at the edge of a service boundary. If services were coordinated across boundaries, this uncomfortable and dangerous situation would have been avoided.

- **HST coordination reduces costs.** Transit agencies, HST providers, and human services agencies across the country find themselves increasingly over-subscribed and under-resourced. The recent $787 billion stimulus provided a great deal of funding for

construction and capital projects but considerably less for operations and maintenance of existing services. Transportation and human services agencies are faced with either creatively altering service, finding new funding sources, or cutting service altogether. Many opportunities exist for HST providers to coordinate and save costs, including:

- o Consolidating administrative, training, operations, or maintenance functions to reduce overhead costs.

- o Cooperating with and sharing rides among partner providers to reduce miles driven without revenue or passengers, and increasing vehicle utilization and efficiency.

- o Pooling together and leveraging economies of scale for infrastructure leases or purchases of vehicles, fuel, or intelligent transportation systems (ITS) technologies.

- o Partnering with fixed-route transit agencies and attempting to move capable riders from demand-response service to fixed-route service.

- **HST coordination may pave the way for better transit in general.** In rural areas where HST is the predominant or only form of transit, coordination may be a catalyst for improved transit service overall. By coordinating HST providers into larger, more cohesive efforts, regions may expand demand-response transit, and potentially lay foundations for future fixed-route systems that may more fully meet the needs of a wider range of customers.

B. Challenges to Effective HST Coordination

Coordinating HST is not without difficulties. Peer experts and participants shared the challenges they have faced and in several cases provided examples of how they approached them.

- **Human service providers and transportation providers have different missions, technical skills, and organizational capacities.** Human service organizations primarily focus on providing quality medical, counseling, financial, or other services and may not consider transportation central to their missions. Often, they contract transportation services out to a transportation provider and have limited understanding of transportation logistics or planning. Similarly, participants reported that transportation planners may not comprehend the range and depth of human services needs and do not routinely address HST in regional transportation plans. HST providers may understand elements of both human services and transportation planning. But because there are so many different types of human services in a given area, an HST provider may specialize in one particular customer market or geography and may not be aware of the unique needs of other types of human service customers. Human service providers, HST providers, and transportation planners should be educated regarding each other's missions and challenges.

  - o The Taxi, Limousine, and Paratransit Association is developing a book titled *Private Operators at the Table* to help private operators understand the planning process and how to get involved.

  - o Rich Weaver (APTA) provided an important example of an education need. Human service providers may not always be aware of all available transportation options, nor may they understand the cost differences between human services transportation and fixed-route transit. Thus, human service providers may suggest HST or paratransit options to customers who are able to ride fixed-route transit. Because HST and paratransit are so expensive, human service providers should be educated to better understand fixed-route transit options so they can refer their clients if/when appropriate.

- **Human service providers and HST providers may lack transportation planning capabilities.** Human service providers may not possess the skills required to conduct transportation planning or critically analyze transportation operations. Small HST providers who may benefit most from FTA programs may also lack the necessary knowledge or resources to write grant applications or pursue funding opportunities. Small providers may not understand the certifications and assurances process or the Disadvantaged Business Enterprise (DBE) program,[3] or they may not have a lawyer on staff that can help them navigate these processes. Small providers may not be able to provide the local funding match required by FTA programs. As a result, most funding from FTA's JARC and New Freedom programs are allocated to larger transit agencies that have larger resources and experience working with FTA.

- **HST providers are protective of their customers and market shares.** HST providers tend to specialize in specific geographic regions and serve specific markets of customers. For example, an HST provider may specialize in providing transportation to job training for cognitively disabled customers in a specific county. HST providers are often extremely protective of their markets in order to maintain their customer base and care for their clients. Overcoming market entrenchment is a significant challenge related to HST coordination and is a potential roadblock to sharing funding, seating capacity, vehicles, or administrative, operations, and maintenance costs.

  o MVRPC noted private operators may be either for-profit or non-profit and differ with respect to motivation, fiscal needs, and policy restrictions and requirements. Thus, two classes of HST providers exist: providers that require money beyond farebox recoveries and providers that are self-sufficient and do not. The latter have little incentive to coordinate.

  o Anne LeClerc of Rhode Island Public Transit Authority noted coordinated funding does not necessarily alleviate competition or increase collaboration and that establishing and nurturing relationships are the most effective way to do so.

- **Stakeholders engaged in HST coordination must be prepared to contribute resources.** Participants report HST stakeholders tend to back away from coordination efforts when asked to contribute resources. In some cases, providers may rather continue to work independently if collaboration is going to cost them anything, even if working alone may be more expensive. Several participants suggested the reason for this behavior is that agencies, providers, and particularly human service providers whose primary function is something other than transportation, may not understand the full costs of transportation. Thus, they may not properly understand or account for the labor, storage, or overhead costs of their current transportation option and may not wish to contribute such costs in a coordinated environment.

- **There are opportunities to improve the Federally-required HST coordinated planning process.** Developing a coordinated plan requires major investment of staff and technical resources for the agency leading the process. One frustration that HST providers noted with current Federal requirements is that public entities are required to participate while private HST providers are not. As such, private HST providers have little incentive to participate in the planning process, or contribute funding or other resources once the plan is complete. Since many HST providers are private sector entities, the

---

[3] FTA requires that applicants seeking monies from FTA grant programs must submit 24 categories of certifications and assurances that verify the agency is complying with Federal law. More information may be found at FTA's Certification and Assurances webpage (http://www.fta.dot.gov/funding/grants_financing_93.html). The DBE program seeks to ensure nondiscrimination in the award and administration of DOT-assisted contracts and to create a level playing field on which DBEs can compete fairly. More information may be found at the DBE program webpage (http://www.fta.dot.gov/civilrights/civil_rights_5089.html).

resulting coordinated plan does not yield ideal benefits. There are opportunities for FTA to seek further input from HST providers on how future transportation legislation can better support effective regional coordination efforts.

C. Lessons Learned

Peer experts and participants shared lessons their organizations have learned from coordinating HST. These lessons provide valuable insight to regions beginning their own HST coordinating activities.

- **Seek and enlist the aid of champions.** A common reason for initiating coordination of HST is the interest and diligence of champions. Champions are individuals who are genuinely interested in the cause. They are vocal proponents who openly support coordination for one reason or another. Champions could be governors, county supervisors, city council members, directors of regional planning bodies, including Councils of Government (COGs), MPOs, and Regional Transit Authorities (RTAs), and heads of transit agencies. At the same time, roundtable participants noted that having champions and support of elected officials is a necessary but not sufficient condition. Because high level officials delegate tasks to deputies who have agendas of their own, successful coordination efforts rely on achieving the broad support of stakeholders. It also relies on good quantitative data analysis, and sufficient fiscal support. Roundtable participants suggested that to create these supportive features, the coordination process must progress incrementally, step by step.

- **Involve the right people from the start.** In addition to champions, peer experts emphasized having 'the right people' involved in the coordination process. Some meetings require policy resources to provide direction. Other meetings require more technical resources to work out operation details. Both groups must communicate throughout the process to ensure what is technically feasible is also politically feasible, and vice versa.

- **Achieve small and realistic goals to create opportunities for even greater successes in the future.** Roundtable participants stressed that new efforts to engage in HST coordination should start small and build incrementally. Small successes may be used as building blocks for future funding requests or coordination opportunities. In the words of one participant, "Small wins will tell everyone how great you are." Other participants suggested that early, small successes may draw additional HST collaborators and stakeholders to join collaboration efforts. Furthermore, by intentionally moving deliberately, a region can avoid frustration and associated loss of interest. One participant noted an entire collaborating group may only move as quickly as the slowest participant is willing to go. Understanding this phenomenon early on may help avoid frustration later. Finally, peer experts reminded participants to embrace and learn from failures. Not all efforts will be successful, but all efforts will provide meaningful information and insight for future endeavors.

- **Champion the case for HST coordination with issues that resonate locally.** Participants widely agreed that support for initiatives that benefit the elderly are politically popular. MVRPC and TRORC each began working on HST in response to senior mobility issues. Economic pragmatism may also be a popular issue on which to make a case for HST coordination. In the early 2000s, North Carolina provided economic incentives for counties to regionalize a variety of services including transportation. In the mid-1980s, the governor of Rhode Island, citing excessive overlap of HST, mandated that all FTA Elderly Individuals and Individuals with Disabilities program funds would be allocated by the state to applicants who would share trips by coordinating the use of their vehicles.

- **Enlist the aid of individuals with backgrounds in human services.** Many successful coordination efforts highlighted by participants were led by individuals with human

services backgrounds rather than transportation backgrounds. Participants credited these individuals' successes to their interest and understanding of human services issues. In fact, most of them began the HST coordination process with human services relationships already established.

- **Identify stakeholders using creative and persistent techniques.** Different regions took different approaches to identifying stakeholders and establishing relationships. Successful strategies to identify HST stakeholders included searching sections of the phone book related to human services and then working with human service providers and other Government agencies to identify appropriate organizations for outreach. Another approach was to begin by reaching out to every agency that had ever applied for Elderly Individuals and Individuals with Disabilities, JARC, and New Freedom program funding.

    o SLRCOG began by meeting with a small group of known stakeholder agencies and asked them for names of additional organizations to contact. SLRCOG then met with those organizations and asked them who to speak with. SLRCOG continued reaching out to organizations in this concentric and organic manner.

    o To identify customers and individual stakeholders, MVRPC bought contact lists from the United Way (for a token fee), sought paid advertisements for the upcoming meeting, and approached persons with disabilities at street fairs and other public events.

- **Nurture relationships to increase trust and generate goodwill.** Participants reported that some stakeholders were motivated to attend initial HST coordination meetings out of defense to maintain their customer base or geographic reach. By continuing to invite and develop relationships with these stakeholders, participants reported being able to build trust and goodwill. A widely reported practice of peer experts was to build mutually-beneficial relationships by not only inviting stakeholders to transportation meetings, but by regularly attending human services meetings as well.

    o WPCOG stressed the importance of inclusivity as a means of generating trust and increasing participation. By weighing each partner's interests equally, smaller stakeholders had more incentive to actively participate in WPCOGs transit consolidation efforts.

- **Invest in high-quality data collection and analysis.** Participants cited the importance of collecting qualitative and quantitative data from meetings, surveys, focus groups, and interviews. Social, demographic, economic, and spatial data including HST origins, destinations, customers, and travel times may be analyzed to identify meaningful patterns and opportunities for HST coordination. Common to almost all peer experts' regions were spatial analyses of demographics and services to identify potential opportunities to share trips among providers, though such analyses have had mixed results. MVRPC noted no clear trip patterns or concentrations of origins or destinations. TRORC similarly reported its region's analysis revealed no clear opportunities for trip-sharing. Participants agreed that though spatial analyses may not immediately reveal opportunities for collaboration, they are useful because they answer important questions and allow HST coordination efforts to focus on other areas where there are opportunities for collaboration. Furthermore, such spatial analyses may be repeated in the future as local conditions and trip patterns change to identify opportunities as they arise.

- **Understand unique regional characteristics and apply national lessons learned as appropriate.** Local and regional histories, geographies, organizations, individuals, and relationships differ in every region. Differences in social, political, economic, and geographic characteristics limit the applicability of lessons learned from one region to

another. Thus, it is difficult to create definitive steps for regions to follow to enable HST coordination, and stakeholders and organizations seeking to engage in HST coordination must self-educate to understand regional characteristics.

  o SLRCOG educated itself regarding the history of transportation in the area. It identified stakeholders, learned about their histories and relationships with other stakeholders, and learned about the existing political conditions in the region. This educational process enabled the COG to tailor its campaign effectively and avoid stirring politically-sensitive issues.

- **Use the coordinated plan as a tool for better planning.** Though roundtable participants acknowledged the possibility of creating a coordinated plan using minimal effort to remain eligible for FTA program funding, they argued that metropolitan regions that embrace the coordinated planning process can make greater strides in HST coordination. Successful attempts at HST coordination focus on the process of creating the coordinated plan rather than the final planning document itself. Successful attempts are characterized by deliberate inclusion of a wide variety of stakeholders and customers, quantitative and qualitative data collection and analysis, specification of goals and performance measures, plans of action to reach the goals, and plans to update the coordinated plan.

- **Choose an appropriate cycle for updating and implementing the coordinated plan**. SAFETEA-LU requires that the coordinated plan be updated as often as the metropolitan transportation plan. There are trade-offs associated with the frequency of updates, available resources, and stakeholder interest.

  o MVRPC is in the process of synching coordinated plan updates to its long-range planning process. Thus, updates to the coordinated plan would be made regularly, every 4 years, and would have close ties to strategic transportation planning efforts in the region. This region also noted it is having a difficult time keeping stakeholders engaged in coordination activities between updates.

  o MAG updates its coordinated plan annually. The advantage of a frequent update cycle is that stakeholder involvement remains elevated throughout each year rather than peaking at multi-year intervals. Each update promotes smaller steps and even growth but does not preclude the potential for rapid improvement and innovation. The disadvantage is that more resources are required to conduct yearly updates.

D. Programs and Tools

Peer experts have developed several tools to facilitate coordination of HST in their regions. These straightforward tools are replicable in metropolitan regions throughout the country.

- **MVRPC maintains a directory of HST providers in its region.** The directory is a reference tool for individuals to learn about their HST options, for human service providers to learn what HST options are available for their clients, and for HST providers to learn about other providers they may coordinate with. The directory contains HST provider information including primary mission, who can ride, trip purposes allowed, area/destinations served, hours of service, type of service, accessible vehicles, fares or donations, ride request process, telephone, email, website. The directory is available online as a PDF (http://docs.mvrpc.org/hstc/hstcProviderDirectory.pdf).

- **MAG uses participation in the coordinated planning process to prioritize funding.** MAG maintains a list of organizations that participate in the coordinated planning process. Organizations on the list are then prioritized for funding based on their levels of

participation in the planning process. Organizations that provided the most cooperation and input have highest priority for funding.

- **MAG educates the community about HST with its Transportation Ambassador Program.** MAG's Transportation Ambassador Program is designed to connect all people to human services transportation opportunities in the region by providing participants with free transit training and technical assistance. In return, participants help keep their friends, neighbors, and coworkers current on transportation services and programs. The ambassador program is open to everyone and accommodates older adults, people with disabilities, or individuals with low incomes. Training and education topics include:

  - ADA Paratransit Eligibility
  - Advocacy for Human Services
  - Improving Coordination and Operating Efficiency with Technology
  - Low Income Social Services Transportation
  - A Mobility Management Center Possibility
  - Nonprofit Sustainability
  - Proposed ADA Bus/Rail Pass and Eligibility Program
  - Developing and Maintaining Public Private Partnerships
  - Removing Insurance as a Barrier to Coordination
  - Transportation Coordination Across the Country
  - Tribal Human Services Transportation

  For more information about MAG's Transportation Ambassador Program, visit the program website (http://www.mag.maricopa.gov/project.cms?item=9055).

E. Research, Education, and Training Needs

Peer experts and participants suggested opportunities for further education and training to improve regional HST coordination. Several education needs may best be met by structured courses or training sessions, while others could be the topic of future roundtables or participant-led discussions.

- **Transportation and land use planners at the Federal, state, and local levels need to improve their understanding of human services and HST.** Classroom training, a written handbook, or a web-based teaching module should be formulated to introduce human services and HST to planners and government officials. Topics would include an introduction to the various types of human service providers, the unique requirements of various HST customers, best practices for engaging human service providers, and an overview of tools for HST coordination. Topics would also address common models of HST, compare and contrast HST with both fixed-route and demand-response transit, identify pros and cons of consolidated versus dispersed HST models, and identify common HST barriers and service challenges. A technical training session could teach transportation planners and providers how to identify and match providers having under-utilized capacity with providers having excess capacity. Such a course could identify regions that are implementing mobility management well and provide participants with a catalog of mobility management strategies. One Federal agency participant also recommended that the current National Transit Institute (NTI) training course on "Coordinated Mobility: Unified Transportation Management Solutions" be modified to include a field trip where students gain hands on experience by visiting HST provider facilities.

- **Human service providers require improved understanding of transportation finance and operations.** Such an opportunity would include an overview of the full costs of providing transit (both fixed-route and demand-response), and an overview of transit language and operations.

- **There is an opportunity to educate MPOs on the benefits that may be gained by leading HST coordination in their regions.** SAFETEA-LU does not specify the agency responsible for development of the coordinated plan. Instead, this decision is left to the discretion of state, regional, or local governments. Furthermore, it states the lead agency for the coordinated planning process may be different from the agency that serves as the designated recipient for JARC and/or New Freedom funding. Thus, though MPOs do lead creation of the coordinated plan in some regions, they are not required to do so. Furthermore, in addition to the planning process, they may not take responsibility for implementation activities necessary to guarantee successful coordination for two reasons. First, the primary mission of MPOs is to facilitate inclusive planning with the goal of allocating scarce transportation funding. MPOs with a rigid mission philosophy may regard implementation activities such as maintaining a stakeholder directory or administering regional HST coordination programs outside the normal scope of planning responsibilities. Second, MPOs are funded for planning activities and not for implementation activities. MPOs with limited resources may be reticent to take on additional responsibilities. Education about the benefits that may be gained by leading HST coordination efforts is needed to overcome these challenges.

- **Identifying an appropriate balance between centralized and decentralized HST coordination is an area that requires further research and exploration.** Several participants interested in mobility management wondered about the pros and cons of centralized versus decentralized HST operations. This question is closely related to identifying the differences between HST and paratransit services. In theory, could all of a region's dispersed network of HST providers be consolidated or replaced by a single service?

- **Opportunities for volunteerism to play a role in HST coordination is an area that may benefit from further research and exploration.** Mobility assistance from family members and volunteers has been a successful model in Pasadena, California's Supplemental Transportation Program (STP) PasRide. Roundtable participants wondered if there are opportunities to more formally integrate such volunteer efforts into HST planning and/or the coordinated planning process. Similarly they wondered how to further coordinate Aging and Disability Resource Centers (ADRCs) and Statewide Aging Plans with the standard regional transportation planning process.

V. Peer Expert Case Studies

A. Maricopa Association of Governments (MAG)

Background
MAG is a regional planning body in the Phoenix metropolitan area. Initiated in 1967, it comprises 25 incorporated cities and towns, three Native American Indian Communities, and all of Maricopa County. MAG is also the metropolitan area's MPO. MAG's Human Services Department began in 1976 and deals with homeless planning, domestic violence, and assistance for elderly persons and persons with disabilities. Contrary to most states in which human services funding is allocated at a state level, Arizona allows human services funding to be allocated by regional bodies such as MAG.

HST Coordination Experience
In 2000, several local politicians became interested in elderly mobility and MAG made immediate progress due to having over 30 years of human services experience and existing strong ties with the human services community. MAG was an instrumental partner in organizing and hosting a national conference on mobility in 2001, an effort which coincided with the release of a regional action plan on elderly mobility. To support the regional action plan, MAG surveyed providers and stakeholders of transportation for the elderly. The survey included quantitative and qualitative

information generated from questionnaires, focus groups, and comprehensive community outreach that was distributed demographically and geographically.

HST providers benefited by sharing information with one another and with MAG. However, after the SAFETEA-LU requirement for the coordinated plan, MAG was able to develop financial incentives for cooperation as well. In 2007, MAG created its first coordinated plan which stipulated that transportation providers and agencies had to actively participate in creating and updating the coordinated plan to be considered for FTA funding. Those that participated more received higher priority for funding.

The 2007 plan also provided a foundation of formal communication and coordination among stakeholders. From this effort came an online stakeholder directory and regular meetings which allowed for development of personal and professional relationships among organizations.

MAG updated its plan in 2008. The Federal regulations require the coordinated plan be updated every 4 years, but MAG has found that updating the plan each year results in reduced effort, stronger partner interest, and better results than if it updated the plan less frequently. The 2008 plan focused on how to standardize operations to better position agency coordination. Examples include standardizing driver training, improving and standardizing traveler training, and determining standards of practice across transportation providers.

A result from the 2008 plan was the Transportation Ambassador Program which facilitates bus buddies and other training opportunities. Over 200 people now attend the training meetings and return to their individual communities of individuals, providers, and advocacy groups to pass on information formally and informally. A local funding grant of $20,000 will fund 2 years of meetings including six local meetings and two region-wide conferences.

The 2009 update included a robust gap analysis as well as analysis of how to maximize the transportation capacity of the current system. The Human Service Department has been able to take advantage of resources in other MAG departments, particularly the geographic information system (GIS) department, for analysis capabilities.

Lessons Learned
- **Involve both technical and policy staff.** MAG notes that it is vital to have the right people in the room for discussions. Policymakers do not need to be present for all meetings, but technical staff members need to share outcomes of meetings with policymakers. MAG itself makes a point of contacting policymakers to make sure they are aware of the latest program updates.

- **Improve decisionmaking by investing in high quality data collection.** MAG began its formal HST coordination efforts with a survey for elderly mobility and has been steadily increasing its breadth of data collection and capabilities. MAG has collected qualitative information from focus groups and public meetings and quantitative information from surveys. MAG suggests a balance between quantitative and qualitative information is key. If the focus rests too much on qualitative information, it may be criticized as being too human services oriented. If data is too quantitative, it is at risk of lacking the 'human' elements of human services.

- **Conduct broad outreach to stakeholders.** MAG has engaged as many stakeholders as possible in order to collect as much relevant information as possible, meet the needs of the HST customers, and spread its message laterally among the communities with which its stakeholders are affiliated. An example is a short-term family shelter that applied for, and was awarded, FTA Elderly Individuals and Individuals with Disabilities grant money. The shelter has been sharing its experiences with other homeless shelter organizations that were previously not engaged in MAG's HST coordination efforts.

- **Communicate with stakeholders early and often.** The Human Services Department within MAG sends an electronic newsletter to roughly 1,200 groups and individuals, including HST providers and users. Doing so has provided a foundation of information across various functional areas of HST. The department also has a separate newsletter for its ambassador program.

- **Strengthen institutional knowledge of HST by dedicating an MPO staff position to HST coordination and hire someone with a background in human services or HST provision to fill that position.** MAG found that when HST coordination was a shared responsibility among staff, it would either be shuffled from one resource to another or would be placed at a lesser priority than other pressing projects. Having a single resource, funded by the 10 percent administrative funds from the JARC and New Freedom programs, has improved the institutional HST coordination capabilities of its organization. MAG suggests that regional planning organizations should either acquire a resource with extensive human services interest or experience, or increase the human services responsibilities of a current position. MAG acknowledges it may have been easier to acquire knowledge about transportation planning than it may have been to build human services relationships from scratch. Either way, the HST coordination process includes not only being inclusive when engaging partner organizations, but actively seeking opportunities to take part in the HST community.

- **Update the coordinated plan annually to maintain interest and build capacity for multi-agency collaboration.** MAG updates its coordinated plan each year rather than every 4 years as stipulated by SAFETEA-LU. Yearly updates have steadily built relationships, improved data collection, and improved analysis among multiple agencies involved in HST.

B. Miami Valley Regional Planning Commission (MVRPC)

Background
MVRPC provides transportation and land use planning and support for environmental and regional initiatives for the six-county area[4] surrounding Dayton, Ohio and is the MPO for the region. MVRPC has been actively involved in HST coordination since 2004. MVRPC maintains a list of 600 stakeholder groups and individuals with which it shares information via e-newsletter. It facilitates a regional council consisting of 15 transportation agencies and HST providers. MVRPC helped found HST coordinating councils in three counties, each of which has enlisted between five and 20 partner organizations.

HST Coordination Experience
MVRPC began its HST coordination efforts in 2004 when several Montgomery County politicians became interested in the topic. With the support of politicians and select HST stakeholders, MVRPC initiated Coordinated Outreach for Area-wide Specialized Transportation (COAST), a series of meetings meant to facilitate communication and information sharing within the field. The invitation list was expanded from within Montgomery County to other counties within the MPO boundary and was heavily attended by advocates for seniors and disabled persons.

MVRPC applied for an Ohio Transportation Coordination grant of $80,000 but was not awarded the grant on account of the Dayton metropolitan area being too large and too urban. Thus, Montgomery County suggested applying to its human services levy committee (which allocates a portion of county sales tax to human services organizations) for local consideration and thus established the Senior Transportation Expansion Project (STEP). STEP rewards HST agencies for providing trips to seniors. Each month, transit agencies and HST providers report to MVRPC the number of senior trips provided. This number is compared with the number reported during the same month of the previous year. Eleven dollars per incremental trip are awarded.

---

[4] Clinton, Darke, Miami, Montgomery, Preble, Warren Green

Transportation providers receive a windfall during the first year of participation as they earn money for every senior trip provided. The program began with five participants and has now expanded to eight. Some have plateaued in terms of ridership, while others continue to grow and recover their costs through other grant programs. The STEP grant also funds 8 hours per week of administrative capacity for MVRPC.

In addition to administering the STEP program, MVRPC played a central role in developing the region's first coordinated plan. The commission formed a funding partnership with three transit agencies to create the coordinated plan and managed the consultant contract associated with the effort. Financial support was provided by administrative funding from JARC and New Freedom funds, and the transit agencies contributed money from their FTA Large Urban Cities funds as well.

Participation in the coordinated planning process is a condition MVRPC uses to allocate FTA program funds. The MPO's Technical Advisory Committee and Board give preference to organizations that actively participated in the creation of the coordinated plan.

The commission plans to align the scheduled updates of the coordinated plan with the MPO's Long Range Plan update.

The coordinated plan led to the creation of a Regional Coordinating Council as well as three county coordinating councils. MVRPC and the coordinating councils engage in numerous outreach efforts to identify common interests among HST providers, users, and the general public. The commission maintains a publicly available online directory of HST coordination transportation providers. This database contains detailed information about each provider in the area including who is eligible to ride, trip purposes allowed, service hours and areas, fees, and contact information.

The commission also prepares an e-newsletter, *Miami Valley Mobility Updates*, to share changes in transit policy, featured providers, and route and fare changes. It maintains an HST coordination contact list of roughly 600 providers, consumers, advocates, and interested citizens, and forwards the e-newsletter and relevant information when it becomes available. MVRPC has become involved with national organizations such as CTAA for its own professional development and to learn about HST coordination best practices. It has also partnered with its local Council on Aging and Paratransit Advisory Committee.

Lessons Learned
- **Engage in broad public outreach to increase attendance for public meetings.** To draw attention to the coordinated planning process and enlist the help of stakeholders and HST customers, MVRPC bought advertising in the newspaper, attended summer festivals where it made contact with persons with disabilities, generated relationships with human service providers, and even bought an email list from the United Way (for a token price). Meetings, surveys, and focus groups were conducted at senior centers, workshops for people with disabilities, and a local job center.

- **Work to nurture relationships with key stakeholders.** Once MVRPC identified stakeholder organizations, it worked to maintain and nurture relationships not only by inviting people to its meetings, but also by attending their meetings as well. In this way, it is able to demonstrate a willingness to collaborate. MVRPC also strives to maintain momentum and interest among agencies and providers, most of whom have limited time and financial resources. MVRPC would like to see more action related to HST coordination in the future and is hopeful that bills currently before the state legislature for creative volunteer programs and demonstration programs will continue to generate interest.

C. Santee-Lynches Regional Council of Governments (SLRCOG)

Background
SLRCOG contains four counties and four cities[5] located in and around Sumter, South Carolina. SLRCOG is trying to recover from a largely unsuccessful attempt at HST coordination. In the 1970s, the state passed a law which allowed counties to create RTAs to assume transportation responsibilities of human service providers if the providers desired to participate. Those HST providers that participated in coordination provided vehicles and other resources to the RTAs. Unfortunately, the RTAs could not provide the same level of service as the individual providers, and many of the human service providers opted out of their RTA agreements.

SLRCOG in 2003 foresaw an increase in transit needs based on the confluence of several trends. Employment opportunities were concentrating in metropolitan areas, automobile ownership rates were low in many parts of the region, and high construction costs and increasing congestion promised worsening traffic in a road network not likely to be expanded. Over 30 percent of the population in three of SLRCOG's four counties lacked access to an automobile and were essentially transit dependent, and 25 percent of the population of the remaining county fit the same description, thereby necessitating the need for transit expansion. But the largely rural areas were characterized by low levels of transit service due to the lack of population density. The transit service that did exist was focused on providing HST or conducting contract services, thereby requiring the transit dependent population to use the public transit system's demand-response service. This service required 48-hour advanced notice and was three times more expensive than the fixed-route service located in the metropolitan area of Sumter. The demand-response service was not considered responsive enough to meet the day-to-day needs of rural customers.

HST Coordination Experience
SLRCOG initiated a planning process to work with HST providers and public and private transportation providers to inventory existing transit services and identify opportunities for coordination. The goal of this effort was to increase the ability of transit to provide safe, affordable, dependable, and accessible mobility to the general public,

SLRCOG began with self education. Staff delved into the history of transit and transit collaboration in the region to provide a foundation of knowledge regarding facts, emotions, and issues. Next, SLRCOG directly engaged management of the Sumter public transit agency to understand its current structure and established positions regarding coordination versus collaboration. In order to strengthen the relationship between SLRCOG and the public transit agency, a mutual Memorandum of Agreement was initiated to outline specific goals to enhance transit delivery in the region. Moreover, during meetings with transit agencies, SLRCOG gained names of additional contacts, particularly contacts representing HST providers and private transportation providers, and scheduled additional meetings. As the list of contacts grew, SLRCOG strengthened relationships by attending and participating in other stakeholders' meetings and maintaining an email list of important contacts. At first, SLRCOG formally engaged eight HST providers, two human service providers, the RTA, and South Carolina DOT (SCDOT) using United We Ride's "Framework for Action."[6] A direct result of the Framework for Action process was the formation of an active Regional Transit Council (RTC) which now has over 25 members.

---

[5] Clarendon, Kershaw, Lee, and Sumter Counties and cities of Bishopville, Camden, Manning, and Sumter
[6] "Framework for Action" is a comprehensive evaluation and planning tool to help state and community leaders and agencies involved in human service transportation and transit services, along with their stakeholders, improve or start coordinated transportation systems. For more information visit http://www.unitedweride.gov/1_81_ENG_HTML.htm.

The RTC, facilitated by SLRCOG, has accomplished much since 2004. The RTC created custom Google Maps of trip origins and destinations to spatially identify potential areas for coordination. The RTC facilitated the loan of Sprint/Nextel global positioning system (GPS) devices to HST providers to demonstrate how technology can improve services. The RTC established a voluntary Fuelman program for its transportation provider partners, saving them $0.02 per gallon on fuel costs at participating Fuelman service stations. The RTC held workshops with Easter Seals Project ACTION and CTAA in 2006 and attempted to establish trip coordination with five HST providers, though the latter effort has been difficult due to scheduling differences between different traveler groups. The Sumter Urban Area Transportation Study (SUATS), the MPO designated for the urbanized area of Sumter County, is an active participant and is seeking to include HST in its long-range plan.

In 2006, the SCDOT Commission designated each of the 10 COGs as the "lead regional agencies responsible for coordinating transportation planning" because they have complete geographic coverage.

Lessons Learned
- **Invest time up front to learn about the current regional HST operating environment and its history.** SLRCOG began its coordination efforts by researching the stakeholders, relationships, transportation system, and previous successes and failures in the region. Doing so has allowed SLRCOG to understand the needs of its stakeholders and carefully approach sensitive topics.

- **Seek to overcome customer and service protectionism among HST providers by building relationships and fostering communication.** SLRCOG has been working to overcome agency turf issues among HST providers. After the negative experiences with RTA's providing HST, human service agencies were reluctant to reattempt efforts at collaboration. Many that attended initial coordination meetings did so to protect their own interests. SLRCOG has worked hard to overcome turf challenges by educating itself, engaging the proper stakeholders in effective manners, and forming a diverse and active RTC in February 2004.

- **Use low-cost technology to identify opportunities to coordinate and improve operations.** SLRCOG leveraged Google Maps to identify potential areas for service coordination. SLRCOG loaned GPS devices to HST providers, allowing them to track the real-time positions of their vehicles. The GPS devices allowed providers to improve routing between origins and destinations, improve the quality of customer information, and decrease unauthorized vehicle use. These cost-saving improvements were brought about by the use of low-cost technologies.

D. Two Rivers-Ottauquechee Regional Commission (TRORC)

Background
TRORC is composed of 30 towns in two counties in east-central Vermont. Insufficient funding has created gaps in public transportation service in the region. The region contains one regional transit provider centered in the town of Randolph and a greater number of smaller providers for human services.

HST Coordination Experience
TRORC noted that the Vermont Agency of Transportation (VTrans) influenced its decision to pursue HST coordination. The Elderly and Disabled Transportation Partners Committee was created in response to a desire by VTrans to coordinate the services of various HST providers. The committee consists of members from the commission, VTrans, Central Vermont Council on Aging, Stagecoach (one of the region's transit providers), and four human service providers including senior centers and adult daycare programs. When the committee began in winter 2004, there was no prior working relationship between the providers, and the element of funding

created a competitive environment. Over time, working relationships have been slowly building and the benefits of cooperation and trust can be seen with members actively sharing data with one another. The majority of the providers are coordinating with Stagecoach to contract operations on an as-needed basis.

The mapping initiative was inspired by a similar Safe Routes to School mapping project that spatially analyzed where students lived in proximity to school. The database that was derived became a critical tool in coordinating walking and bicycling trips to school. The Safe Routes to School project lead conceived of performing a similar study for HST trips, and the commission applied for and received a United We Ride grant to complete the mapping initiative.

The mapping initiative plotted the locations of riders' origins (usually homes) and destinations including senior centers, medical centers, and shopping opportunities. It did not consider carpooling (when more than one person from an origin utilized a service) or frequency of common trips. The study found that trip origins and destinations were clustered around towns, villages, and senior centers. There were few areas of concentrated overlapping services and thus there were few opportunities for regular coordination on an ongoing basis.

For example, a subsequent United We Ride grant was used to explore the potential for collaboration. During 10 weeks in the winter of 2008-2009, the commission worked with a local senior center to implement a program to increase coordination of trips to commercial plazas nearby and to the Dartmouth-Hitchcock Medical Center 30 miles away. The main goal was to have riders schedule their appointments on certain days of the week so the senior center could provide shuttle service two days a week rather than the current practice of having an entire week open to sporadic hospital visits.

The result was that most of the riders who signed up for the scheduled service, did so for shopping trips. There were no combinations of medical and shopping trips during the trial period. It was hoped that the program would be more cost-effective in transporting riders to medical appointments. The ridership numbers did not rise as anticipated to meet the feasibility level of providing cost-effective trips to the medical center. Riders with medical appointments still continued taking demand response transportation due to concerns over privacy, schedule adherence, or inconvenience to others. The senior center recently secured a FTA New Freedom grant to fund a second attempt at operating the shuttle program; this time for a longer trial period of 1 year.

Lesson Learned
- **Learn from successes and failures.** Though TRORC's mapping study failed to identify opportunities for coordination, it has dispelled presumed assumptions regarding HST trips in the region and suggests that currently there may be higher priority coordination activities than trip-sharing. For example, an additional component of the United We Ride grant was raising awareness among local town and citizen planners in the region about the available Elderly and Disabled services through text blurbs to be inserted in town plan updates provided by the commission.

E. Western Piedmont Council of Governments (WPCOG)

Background
WPCOG serves 28 local governments in a four-county area of western North Carolina. The COG includes both rural and urban areas and is the MPO for the region. Roughly one fifth of the land area is owned by the Forest Service and the overall population density is low, though the city of Hickory contains 40,000 people and the Hickory-Morganton-Lenoir metropolitan area contains over 340,000 people. Public transportation and passenger rail was discontinued in the 1960s, and public transit was not reintroduced in Hickory until 1986. By 1999, there were four additional independent transit agencies in each of the area's four counties that provided mostly HST.

HST Coordination Experience

During the period 2003 to 2008, WPCOG played a key role in consolidating the four independent transit agencies into North Carolina's first rural/urban multi-county regional transit authority, the Western Piedmont RTA. The RTA began service on July 1, 2008 and provides both fixed-route and demand-response transit and is working with other HST providers to cooperate and share vehicle capacity.

Interest in consolidation came in 2003 from WPCOG and the transit directors of each of the four county transit agencies. Consolidation had the potential to achieve economies of scale, reduce deadhead and employee downtime on out-of-county trips, present a more credible and stable image of transit to the public, and establish uniform, customer-driven service to riders. Furthermore, the prospect of creating a stronger transit system was consistent with policy desires to increase regionalism, address air quality and congestion mitigation, and create jobs. WPCOG, MPO, and transit directors brought a proposal first to the four transportation advisory boards and then to the four county commissioners. All stakeholders agreed to move forward in 2004 with a feasibility study using funding from CTAA. The feasibility study documented stakeholder objectives and demographic trends and resulted in a recommendation to complete an implementation plan.

The implementation plan called for the creation of an independent authority in which each county had equal votes. This was particularly important so that smaller, more rural counties maintained some control in the final decisionmaking. WPCOG noted that having a champion in each county was vital to the consolidation process. Similarly, WPCOG found that including dissenters in the process helped them to reform their opinions and ultimately take ownership of the process. In an effort to make the case for improved transit, the champions focused on the human aspects of transit. For example, transit has the potential to get people to their jobs and keep them employed. Transit may provide mobility to elderly individuals and allow them to stay out of assisted living centers for several additional years.

The resulting RTA contains seven members including four counties and three cities. Each has one equal vote. The directors of each of the previous transit agencies became managers of the RTA in the areas of safety and training, planning, marketing and communications, and operations. One of the challenges the RTA is currently addressing is calculating payment contributions among the counties. It is using origin/destination analysis to divide up FTA Large Urban Cities funding to pay for the integrated transportation service.

A significant benefit of consolidation is that it has allowed the new RTA to focus on moving existing demand-response riders to fixed-route systems in urban areas. The RTA increased advertising and gave free passes to existing demand-response riders for the fixed-route systems. The RTA gave vouchers for people eligible for social services to entice them to ride fixed-route transit. The result was that the Department of Social Services and the Health Department were able to focus on and improve demand-response transit in the rural areas.

Most recently, the RTA has been working with seven HST operators on a coordinated plan for the region. Almost all funding to the operators goes through the RTA and there have been some efforts to share service capacity among them. The RTA is hopeful it will be able to continue coordination and collaboration beyond its public systems into HST.

Lesson Learned
- **Empower stakeholders and foster collaboration by encouraging equitable participation and input from key organizations.** WPCOG notes that several of the smaller stakeholder partners may have had less incentive to actively participate if they had not had equal say in conversations regarding consolidation. WPCOG suggests the resulting RTA is more productive with participation of the smaller stakeholders than it would have been without.

V. Appendices

A. Key Contacts

Kim Goins, Transportation Planner
Organization: Federal Transit Administration (FTA)
Address: 1200 New Jersey Avenue, SE
Washington, District of Columbia 20590
Phone: (202) 366-8522
E-mail: Kimberly.Goins@dot.gov
Website: http://www.fta.dot.gov
TPCB Website: http://www.planning.dot.gov/

Sheryl Gross-Glaser, Coordination Specialist
Organization: National Resource Center for Human Service Transportation Coordination,
Community Transportation Association of America (CTAA)
Address: 1341 G Street NW, 10th Floor
Washington, District of Columbia 20005
Phone: (202) 386-1669
E-mail: grossglaser@ctaa.org
Website: http://www.ctaa.org

Alex Linthicum, Transportation Planner
Organization: U.S. DOT Volpe National Transportation Systems Center (Volpe Center)
Address: 55 Broadway
Cambridge, Massachusetts 02142
Phone: (617) 494-2639
E-mail: alex.linthicum@dot.gov
Website: http://www.volpe.dot.gov/

Elizabeth Murphy, TPCB Peer Program Manager
Organization: U.S. DOT Volpe National Transportation Systems Center (Volpe Center)
Address: 55 Broadway
Cambridge, Massachusetts 02142
Phone: (617) 494-3137
E-mail: elizabeth.murphy@dot.gov
Website: http://www.volpe.dot.gov/

Orlando "O.J." Papucci, CCTM, Regional Transportation Coordinator
Organization: Santee-Lynches Regional Council of Governments (SLRCOG)
Address: P.O. Box 1837
Sumter, South Carolina 29151
Phone: (803) 775-7381 Ext. 379
E-mail: sltransit@slcog.org
Website: http://www.santeelynchescog.org/

Rita Seto, Regional Planner
Organization: Two Rivers-Ottauquechee Regional Commission (TRORC)
Address: 3117 Rose Hill, The King Farm
Woodstock, Vermont 05091
Phone: (802) 457-3188
E-mail: rseto@trorc.org
Website: http://www.trorc.org/

Amy St. Peter, M.P.A., Human Services Manager
Organization: Maricopa Association of Governments (MAG)
Address: 302 North 1st Avenue, Suite 300
Phoenix, Arizona 85003
Phone: (602) 452-5049
E-mail: astpeter@mag.maricopa.gov
Website: http://www.mag.maricopa.gov/

Bob Steinbach, Director, Regional Initiatives
Organization: Miami Valley Regional Planning Commission (MVRPC)
Address: One Dayton Centre
One South Main Street, Suite 260
Dayton, Ohio 45402
Phone: (937) 531-6531
E-mail: bsteinbach@mvrpc.org
Website: http://www.mvrpc.org/

John C. Tippett, Jr. AICP, Director of Planning, Community Development and Data Services
Organization: Western Piedmont Council of Governments (WPCOG)
Address: P.O. Box 9026
Hickory, North Carolina 28603
Phone: (828) 485-4237
E-mail: john.tippett@wpcog.org
Website: http://www.wpcog.org/

Chris Zeilinger, Director
Organization: National Resource Center for Human Service Transportation Coordination,
Community Transportation Association of America (CTAA)
Address: 1341 G Street NW, 10th Floor
Washington, District of Columbia 20005
Phone: (202) 250-4108
E-mail: zeilinger@ctaa.org
Website: http://www.ctaa.org

B. Acronyms

ADRC	Aging and Disability Resource Center Program
AOA	Administration on Aging
APTA	American Public Transit Association
CMS	Centers for Medicare and Medicaid Services
COG	Council of Governments
CTAA	Community Transportation Association of America
DBE	Disadvantaged Business Enterprise Program
FTA	Federal Transit Administration
HS	Human Services
HST	Human Services Transportation
ITS	Intelligent Transportation Systems
JARC	Job Access and Reverse Commute
MAG	Maricopa Association of Governments
MPO	Metropolitan Planning Organization
MVRPC	Miami Valley Regional Planning Commission
RTA	Regional Transit Authority
RTC	Regional Transit Council
SAFETEA-LU	Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users
SCDOT	South Carolina Department of Transportation

STEP	Senior Transportation Expansion Project
STP	Supplemental Transportation Program
UPWP	Unified Planning Work Program
VTrans	Vermont Agency of Transportation

C. Full Participant List

APTA 2009 Bus and Paratransit Conference, May 1-6, 2009, Seattle, Washington

Peer Experts
Amy St. Peter, Maricopa Association of Governments
Bob Steinbach, Miami Valley Regional Planning Commission

Participants
Ron Brooks, Veolia Transportation
Marlene Connor, Wilbur Smith Associates
Dan Dalton, KFH Group
Virginia Dize, National Center on Senior Transportation
Kristin Haldeman, Washington Metropolitan Area Transit Authority
Bob Hunter, Everett Transit
Mary Pat Lawlor, Puget Sound Regional Council
Mary Leary, Easter Seals
Hal Morgan, Taxi, Limosine, and Paratransit Association
Pat Piras, Pat Piras Consulting
Darren Ramsay, BC Transit, Victoria
Keisha Ransome, KFH Group
Sharon Slebodnick, King County Metro Transit
Donna Smith, Easter Seals Project Action
Judy Telge, Corpus Christi Texas Regional Transportation Authority Board
Rich Weaver, American Public Transportation Association

Support
Sheryl Gross-Glaser, Community Transportation Association of America
Alex Linthicum, Volpe Center
Chris Zeilinger, Community Transportation Association of America

CTAA Expo 2009, May 31-June 5, 2009, Providence, Rhode Island

Peer Experts
O.J. Papucci, Santee Lynches Regional Council of Governments
Rita Seto, Two Rivers-Ottauquechee Regional Commission
John Tippett, Hickory MPO, Western Piedmont Council of Governments

Participants
Greg Adkins, Tennessee Public Transit Association
Doug Birnie, Federal Transit Administration
Tommy Bradberry, Northwest Tennessee Human Resource Agency
Kimberly Goins, Federal Transit Administration
Louise Hardiman, Southeastern Regional Planning and Economic Development District
Rebecca Harris, Upper Cumberland Human Resource Agency
Lawrence Kaminski, Allegany/Western Steuben Rural Health Network
Chris Kleehammer, Southeast Tennessee Human Resource Agency
Joanne Laferrara, Greater Attleboro Taunton Regional Transit Authority
Anne LeClerc, Rhode Island Public Transit Authority
Lee Myers, Omaha-Council Bluffs Metropolitan Area Planning Association
Terry Regan, Volpe Center

Support

    Sheryl Gross-Glaser, Community Transportation Association of America
    Alex Linthicum, Volpe Center
    Chris Zeilinger, Community Transportation Association of America

D. Resource Agencies/Organizations on HST and HST Coordination

Regional Planning Bodies

Regional planning bodies may provide independent analyses, technical support, or they may act as independent facilitators during regional negotiations and planning activities. Their level of participation may depend on resource availability or management philosophy.

Local Government Offices on Aging

Local offices on aging are local sources of information and assistance, as are statewide and national *American Association of Retired Persons (AARP)* offices.

National Resource Center for Human Service Transportation Coordination (NRC)

The NRC provides information and advice to communities and programs about public transportation and coordination of transit and medical care, employment, education and services for senior citizens and people with disabilities. Among other resources, the NRC provides a detailed toolkit on transit passes for human services transportation programs, a current index of coordinated transportation plans, and links to coordination resources. The NRC is a partner of the United We Ride program and is operated by CTAA under a cooperative agreement with the FTA.

United We Ride

United We Ride is a Federal interagency initiative that supports states and localities in developing coordinated human service transportation delivery systems. It has published an assessment tool, *"Framework for Action,"* for communities and states to help local and statewide transportation agencies achieve their mobility and financial goals.[7]

Easter Seals' Project Action

Project Action is a research and demonstration program to improve access to public transportation for people with disabilities. The program funds *Mobility Planning Services Institutes*, across the U.S. to work together to develop action plans for improving the accessibility of transportation services in their community.

National Center for Senior Transportation

The National Center for Senior Transportation (NCST) develops, collects, and distributes information and resources for use by communities, transportation providers, state and local governments, aging and human service providers, and older adults and their caregivers. It also provides technical assistance, research, strategic communications, and networking opportunities among stakeholders.

U.S. Administration on Aging (AOA)

The AOA, in collaboration with the *Centers for Medicare and Medicaid Services (CMS)*, administers the *Aging and Disability Resource Center Program (ADRC)* designed to streamline

---

[7] More information about Framework for Action may be found online at
http://www.unitedweride.gov/1_81_ENG_HTML.htm.

access to long-term care. The ADRC program provides states with an opportunity to effectively integrate the full range of long-term supports and services into a single, coordinated system.

E. Reports, Studies, and Papers

- Burkhardt, J. E., D. Koffman, and G. Murray (2003). *TCRP Report 91: Economic Benefits of Coordinating Human Service Transportation and Public Transit Services.* TRB, National Research Council, Washington, DC. Accessed July 16, 2009 from http://onlinepubs.trb.org/Onlinepubs/tcrp/tcrp_rpt_91.pdf.

- Dunning, A.D., London, J.B., and Nocks, B.C. (2007). Barriers and Catalysts for Statewide Coordination of Transportation Services. South Carolina Department of Transportation, Clemson University, and Federal Highway Administration. Accessed July 6, 2009 from http://www.clemson.edu/transportation/sctransit/Transit%20Coordination%20Final%20Project%20Report.pdf.

- Metropolitan Transportation Commission (2006). *Coordinated Public Transit-Human Services Transportation Plan: Focus on Low-Income Populations in the San Francisco Bay Area.* Accessed July 6, 2009 from http://mtc.ca.gov/planning/pths/Low-Income_Component_Coord_Plan.pdf.

- Nelson/Nygaard Consulting Associates and Metropolitan Transportation Commission (MTC) (2007). *Coordinated Public Transit Human Services Transportation Plan: Elderly and Disabled Component.* Accessed July 6, 2009 from http://mtc.ca.gov/planning/pths/Elderly_and_Disabled_Component_Coord_Plan.pdf.

- Sakano, R., Benjamin, J.. Developing an Evaluation Procedure of Regional Human Services Transportation. North Carolina A&T State University, Greensboro: Research and Special Programs Administration. Accessed July 6, 2009 from http://www.ncat.edu/~traninst/Benjamin%20and%20Sakano%20Final%20Report%202004-2005.pdf.

- Transportation Research Board (TRB) (2009). *NCHRP Research Results Digest No. 331: Preparing Coordinated Transportation Plans: A Guidebook for State Departments of Transportation.* TRB, National Research Council, Washington, DC. Accessed July 16, 2009 from http://onlinepubs.trb.org/Onlinepubs/nchrp/nchrp_rrd_331.pdf.

- TranSystems Corporation (2004). *TCRP Report No. 105: Strategies to increase coordination of transportation services for the transportation disadvantaged.* TRB, National Research Council, Washington, DC. Accessed July 16, 2009 from http://onlinepubs.trb.org/Onlinepubs/tcrp/tcrp_rpt_105.pdf.